

Welcome

Texas Council for Developmental Disabilities

As part of the grant award, TCDD grantees are required to submit quarterly program performance reports (QPPRs) which are used to track project activities and progress against the approved milestones in the project workplan.

Grantees should report project activities that occurred during the three specific months covered in that QPPR. It is expected that some grantees may have fewer than three months of activities to report in a given quarter if their grant started *after the start* of the quarter or ended *before the end* of the quarter.

Quarterly reports are due 15 days after the last day of the quarter. Grantees must report any activity conducted during the reporting period, even if only for one day. Please contact your TCDD Grants Coordinator with any questions about this report.

Additional surveys, training videos, forms, and resources can be found on TCDD's Grantee website (<https://tcdd.texas.gov/grantee/>).

Grantee Information

. Name of grantee organization:

. TCDD grant number:

This number can be found on the Notice of Grant Award.

. Name of the person completing this report:

. Email address of the person completing this report:

. Title of the grant project:

. Please select the quarter for which you are reporting grant activities:

- ☐ Quarter 1 (October 1 - December 31)
- ☐ Quarter 2 (January 1 - March 31)
- ☐ Quarter 3 (April 1 - June 30)
- ☐ Quarter 4 (July 1 - September 30)
- ☐ I'm reporting grant activities for a mini-grant. The reporting period start and end dates are:

. End date of the budget period:

Enter the date in this format: mm/dd/yyyy

. Year of grant:

This is the numbered year of the project relative to the total number of (potential) years of the project (e.g., Year 3 of 5).

Program Activities and Accomplishments

1. Program Activities and Accomplishments

Describe key activities performed during this reporting period. Include how these activities helped you achieve progress towards meeting goals and objectives in the approved workplan. Discuss project successes, either where targets were exceeded or where significant accomplishments were achieved. Also, specify where plans and objectives are not being met.

2. ***Cultural Diversity and Outreach**

Describe your overall efforts to address the needs of individuals with DD and their families from geographic and culturally diverse groups. What activities were conducted and were these activities successful in increasing participation from a diverse audience?

3. ***Participant Goals: What is the total number of participants you plan to include in this project?**

Indicate the overall goal and number of participants you plan to include in activities for the project as a whole.

4. **Number of NEW participants in project activities this quarter?**

Indicate the number of participants who took part in activities this quarter and were not previously counted.

5. ***Total number of participants included in your project activities to date?**

Indicate the total number of participants who have participated in project activities since the project began. This includes participants added this quarter.

6. Barriers/Concerns

Describe any obstacles, challenges or issues encountered and the effects they have had in meeting stated workplan goals and objectives.

7. Corrective Action

For objectives not being met, discuss any planned or implemented solutions. Where corrective actions have already been taken, indicate if they were successful.

Program Evaluation

8. Evaluation

Describe evaluation activities conducted during the quarter, including summarized results of any evaluation activities. This information should provide insight into the project's effectiveness and how the outcomes of the program may be reinforced or strengthened.

8a. Do you have any activity satisfaction surveys to report this quarter?

If yes, please complete the TCDD satisfaction survey. All participants in grant-related activities and events must complete a satisfaction survey. The link to this survey can be found on the TCDD Grantee website (<https://tcdd.texas.gov/grantee/>).

☐ Yes

☐ No

8b. Did you train any participants in a leadership and advocacy program this quarter?

If yes, please have trainees complete the advocacy activity survey. All participants in leadership and advocacy training activities must also complete the advocacy activity survey between one and three months following the training event. The link to this survey can be found on the TCDD Grantee website (<https://tcdd.texas.gov/grantee/>).

☐ Yes

☐ No

9. *Lessons Learned

Describe what you have learned from activities and implementation this quarter that may help you move forward with the work of the project.

Products

10. Were any products developed by the project this quarter?

☐ Yes

☐ No

10a. If yes, please describe your product(s). If no, type n/a.

Describe any products developed during the quarter using TCDD funds (for example, flyers, pamphlets, one-pagers, training curricula) and how the product(s) are being used, or will be used, for the project. All products must be submitted to and reviewed by TCDD.

Stories

11. Please share at least one story of a person impacted by this project.

Stories and anecdotes can be used to illustrate the impact of project activities. Share a story that demonstrates how the project has played an important role in improving

someone's life and how they were able to achieve the benefits or results they were seeking by participating in the project.



11a. Please upload any photos you have of participants or events. You can upload up to three photos here. If you would like share more than three photos, email them to Grants2@tcdd.texas.gov. Upload photo 1 here:

11b. Upload photo 2 here:

11c. Upload photo 3 here:

Partnerships

12. Did you develop any new partnerships this quarter?

Many opportunities exist for community partnerships. Just to name a few, partners could include local businesses, community non-profit agencies, faith-based organizations, local school districts, colleges and universities, law enforcement, and civic and volunteer groups.

☐ Yes

☐ No

12a. If yes, please list and describe the partnership and collaboration activities. If no, type n/a.

Describe any new partnerships developed during the quarter, as well as any partnerships that you are currently pursuing.

13. *Did you provide any presentations about your project activities this quarter?

Describe any presentations made to share the work of your project, or raise awareness about disability issues. Who was the audience and how many attended the presentation?

☐ Yes

☐ No

13a. *If yes, please list and describe the presentation(s) and audience(s). If no, type n/a.

Describe any presentations provided during the quarter.

Elected Officials

14. Did you make any connection with state, local, or federal elected officials?

☐ Yes

☐ No

14a. If yes, please describe any connections made this quarter that could help to build relationships and trust with elected officials and help ensure that policymakers know who you are, how you can be helpful, and why your mission is important. Also, list the title and contact information for the elected officials. If no, type n/a.

Policy change

15. Were any system changes made to policies, procedures, rules, or regulations as a result of this project during the last quarter?

TCDD projects have the potential to change, create, or influence policies, procedures, rules, and laws that impact the rights and lives of people with disabilities. These changes may occur within a program, an organization, or local or state agency. Describe any that have been implemented or influenced through the efforts of your organization and your project this quarter.

- ☐ Yes
- ☐ No

15a. If yes, please describe the system changes made to policies, procedures, rules or regulation as a result of this project. If no, type n/a.

Leadership Opportunities

16. Do you have any names of self-advocates who would like to serve on a local or state board, commission or workgroup?

Self-advocates can help change policies, practices, and laws by having their voices heard and being at the table when decisions are being made regarding issues they care about. You are asked to share the names of any self-advocates who have an interest in serving on a local or state board, commission, or workgroup.

☐ Yes

☐ No

16a. If yes, please list the name and contact information for each person, so TCDD can share leadership opportunities. If no, type n/a.

Grant Related Income

17. Do you have any Grant Related Income (GRI) this quarter?

Grant-related income is gross income received by the grantee that is directly generated by a grant-supported activity or earned only because of the grant during the grant period. Indicate any amount of grant-related income earned this quarter and the source of the income.

☐ Yes

☐ No

17a. Please upload your GRI form here or email it to Grants2@tcdd.texas.gov.

On the form, indicate any amount of grant-related income earned this quarter and the source of the income. The GRI Form can be found on the TCDD Grantee website (<https://tcdd.texas.gov/grantee>). Your TCDD Grant Coordinator can assist with this report.

Dollars leveraged

18. Do you have any dollars leveraged to report?

Grantees can leverage grant dollars to extend project goals by securing additional grant or match contributions from other federal, state, local or private sector resources. Indicate any dollars leveraged this quarter that can be linked to your TCDD grant funds.

☐ Yes

☐ No

18a. If yes, please provide information about dollars leveraged below. If no, type n/a.

Indicate any dollars leveraged this quarter that can be linked to your TCDD grant funds.

COVID Impact

19. Please describe how COVID-19 has impacted your project this quarter.

The COVID-19 pandemic has forced many grantees to make changes to their projects in terms of timelines, budgets, and workplan activities. Explain any shifts, delays, and changes you have made to your project during the quarter due to the impacts of COVID-19.

Signatures

Signature and Submission

Submitted reports must be complete, thorough, accurate, and signature-approved by a representative who is authorized to verify and submit data and information on behalf of the grantee organization.

Your typed name and electronic signature below indicates the submission of this report in compliance with the terms of your grant.

Type the name and title of the person completing this quarterly report on behalf of the grantee organization.

Please sign below using the cursor or a touch screen.

×

SIGN HERE

clear

. By clicking on the box below, you indicate that you are authorized to submit the quarterly program performance report on behalf of this grantee organization.

☐ I am authorized to submit report on behalf of grantee organization

